PTO/SB/17 (12-04)
Approved for use through 07/31/2006. CMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

	spensora POSOLIC	UT ACT OF 1950	nu persons are r	Adviso m sesbong	to a conscisor of inf		plays a valid OMB control rumber.	
Effective on 12/9/2004; Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818);					Complete if Known Application Number 09/910,289			
						7/19/2001		
FEE TRANSMITTAL For FY 2005					lamed Inventor	Petranovich, Jim E.		
					ner Name	Tran, Khanh C.		
Applicant Claims small entity status. See 37 CFR 1.27					1Ét	2631		
TOTAL AMOUNT OF PAYMENT (\$) 0.00					ey Docket No.	01CON213P		
METHOD OF PAYMENT (check ell that apply)								
Check Credit Card Money Order None Other (please identify):								
X Deposit Account: Deposit Account Number, 50-0731 Deposit Account Name: Farlami & Farlami & Farlami LLP								
X Charge any additional fee(s) or underpayments of fee(s) Under 37 CFR 1.16 and 1.17 X Credit any overpayments								
WARNING: Information on this form may become public. Credit cost information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
FILING FEES SEARCH FEES EXAMINATION FEES Small Entity Small Entity Small Entity								
Application Type	Fee (S)	Fee (\$)	Fee (5)	Fee (\$)	· · · · · · · · · · · · · · · · · · ·	Fee (\$)	Fees Paid (\$)	
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FE Fee Description	ES						Small Entity Fee (\$) Fee (\$)	
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25								
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100								
Multiple dependent claims 360 Total Claims Extra Claims Fee (\$) Fee Peid (\$) Multiple Dependent Claims								
Total Claims - 20 or HP		<u>.</u>	= (2) 8	1 46 LW(1)		Fee (\$)	Fee Paid (\$)	
HP = highest number of total of	laime paid for, if g	realer then 20						
Indep Claims	Extra Claim	s Ę	H (\$)	Foo Paid (\$)				
HP = highest number of indep		d for if process D	PO 3	300				
3. APPLICATION SIZE								
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)								
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or traction (hereof Fee (3) Fee Peid (5)								
- 100 = /50 = (round up to a whole number) x = 4. OTHER FEE(S) Fees Paint(S) Non-English Specification, \$130 fee (no small entity discount) Other:								
SUBMITTED BY		n	10					
Signature /	111	1		gistration No. omey/Apent)	41014	Telepi	hone (949) 282-1000	
Name (Print/Type) Fa	rshad Fan	ami, Eso.	/ 1 / 10	w-oprefetty		Date	B/22/05	
		=- 7./	<u> </u>	*************************************				

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to lise (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is astimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case.

Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office. U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR [7/1]/2[COMPLETED FORMS,TOTHIS ADDRESS. SEND.TOT] Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

01 FC:1201

200.00 DA